

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Mackie et al

Serial No: 10/803,528

Filed: March 17, 2004

For: EFFLUENT PRESSURE CONTROL FOR USE IN A
PROCESSING SYSTEM

Examiner: Maureen Gramaglia Arancibia

Art Unit: 1763

Attorney Docket: MAT-12CIP

Date: July 19, 2006

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Signed: 
Jay R. Beyer

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

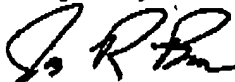
RESPONSE TO RESTRICTION REQUIREMENT

Remarks

Applicants hereby elect group II (Claims 8-14, 22-28, 33-36, and 42-46) without traverse. Applicants hereby reserve the right to present the claims not elected in continuing applications.

If the Examiner has any questions concerning this case, the Examiner is respectfully requested to contact Mike Pritzkau at (303) 410-9254.

Respectfully submitted,


Jay R. Beyer
Reg. No. 39,907

PRITZKAU PATENT GROUP LLC

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Patents, Trademarks, Copyrights & Related
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FACSIMILE TRANSMITTAL SHEET

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To Examiner Maureen Gramaglia Arancibia
USPTO

From Jay Beyer
Pritzkau Patent Group

Number of Pages (including cover) 4

Date Sent July 19, 2006

Fax #: 571-273-8300

Message

Response to Office Action

Examiner Maureen Gramaglia Arancibia,

Please enter the following documents into the file for application serial number 10/803,528. The following documents are include:

Fax cover sheet	1 page
Response Transmittal (in duplicate)	2 pages
Response to Restriction Requirement	1 pages

Total Pages 4 pages

If there are any questions regarding this fax, please call Jay Beyer at 303-499-3859.

Sincerely,

Jay Beyer

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SIR: Transmitted herewith is an Amendment for the above application.

☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established
☒ No additional fee is required.
☐ Postcard included

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	NON- SMALL ENTITY
	Claims Remaining	Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	* 46	Minus ** 46	0	x 25 \$	x 50 \$ 0
Indep. Claims	* 8	Minus *** 8	0	x 100 \$	x 200 \$ 0
First Presentation of Multiple Dependent Claim(s)				+180 \$	+360 \$ 0
				Total \$	Total \$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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☐ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).
☐ Enclosed please find PTO form PTO-2038 authorizing credit card payment of \$_____ to cover the Small Entity Additional Claim fee.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1685 (Order No. MAT-12CIP) (a duplicate copy of this sheet is enclosed):

☒ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

☒ Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,


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Total Claims	* 46	Minus ** 46	0	x 25	\$ 0
Indep. Claims	* 8	Minus *** 8	0	x 100	\$ 0
First Presentation of Multiple Dependent Claim(s)				+180	\$ 0
				Total	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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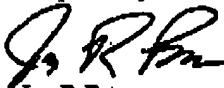
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